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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e)
required)

Attorney Docket Number 3250-3

First Named Inventor Gregory David Shoffner

COMPLETE IF KNOWN

Application Number N/A

Filing Date Herewith

Art Unit N/A

Examiner Name N/A

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multi-Axis Hitch for Trailers and Implements

(Title of the Invention)

The specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Serial Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Glenn C. Brown, P.C.					
Address 777 N.W. Wall Street, Suite 308					
City Bend			State Oregon		ZIP 97701
Country United States		Telephone 541/312-2500		Fax 541/312-8900	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Gregory David			Family Name Or Surname Shoffner		
Inventor's Signature <i>Gregory David Shoffner</i>			Date 9-16-03		
Residence: Bend		State Oregon		Country United States	
Citizenship United States					
Mailing Address 25231 Alfalfa Market Road					
City Bend		State Oregon		ZIP 97701	
Country United States					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name Or Surname		
Inventor's Signature			Date		
Residence: City		State		Country	
Citizenship					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	Herewith
First Named Inventor	Gregory David Shoffner
Title	Multi-Axis Hitch for Trailers and Implements
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket No.	3250-3

I hereby appoint:

☒ Practitioners at Customer Number

29941



OR

☒ Practitioner(s) named below:

Name	Registration Number
Glenn C. Brown	34,555

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Gregory David Shoffner

Signature

Gregory David Shoffner

Date

9-16-03

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of _____ forms are submitted.

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